CITY OF PORT ST. JOE
AUTOMATIC BANK DRAFT AUTHORIZATION

Name:_____ **Utility Account#**_____

Service Address_____ **Phone Number**_____

Financial Institution Information

Bank:_____

Bank Account Number:_____

Routing Number:_____

PLEASE VERIFY WITH YOUR FINANCIAL INSTITUION FOR THE CORRECT ACCOUNT NUMBER TO BE USED FOR ACH TRANSACTIONS, AS IT MAY BE DIFFERENT FROM YOUR REGULAR CHECKING ACCOUNT OR MEMBER ACCOUNT NUMBER.

I authorize the above named financial institution to charge my account the amount of any City of Port St. Joe utility bill and to make the deduction payable to the order of the City of Port St. Joe. In making this authorization I agree that each payment shall be the same as if it were an instrument personally signed by me. I understand that the draft date shall be at least 7 days after the billing date. This authority is to remain in effect until revoked by either of the undersigned in writing with a 30-day notice or until the referenced utility account is closed. I also understand that both the financial institution and the City of Port St. Joe reserve the right to terminate this payment plan, or my participation within, at any time.

Signature_____ **Date:**_____

(as it appears on bank Acct)

**********ATTACH VOIDED CHECK OR DEPOSIT SLIP**********